

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) FILED

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on	this form. For
assistance in completing this form, see instructions on the reverse side.	1

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No	5		1	0
COMMITTEE INFORMATION	v camars			
Full Name of Committee (as on Statement of Organization)  Check if this is a new result.	name			
Mark Rattermann				90
Acronym or Abbreviated Name (if any)	3. Com	mittee Tele	phone Numbe	er
	( 317	) 581 0557		
Mailing Address (address where all campaign finance correspondence is received)	heck if thi	s is a new a	address	n 3
12548 Scottish Bend				
5. City, State, ZIP Code			(if applicable)	
Carmel IN 46033	Republ			
CANDIDATE INFORMATION (For Candidate's C	STATE OF THE OWNER, WHEN			A SHARE WAS A
7. Full Name of Candidate (include any nickname)			or If Independ	ent Candidate
Mark Rattermann	Republ		-1	
<ol> <li>Office Sought (Include district number, if any. Not required for exploratory committee.)</li> <li>Carmel City Council – At Large</li> </ol>	Hamilt	unty of Resion	idence	
TYPE OF REPORT	Villa la		CONVENT	ON CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election µ Annual Nomination Other			Pre-Co	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	f Organization	n)	Post-Co	onvention
12. Reporting Period:		co	LUMN A	COLUMN B
From: 1/1/06 Through: 12/31/06		This	s Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		922.70	)	
14. Cash on hand and investments January 1, current year.				
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		00		00
15a. Itemized (use Schedule A)		00		00
15b. Un-itemized (Interest on savings Account)		2.54		2.54
	OTAL	2.54	4	2.54
	TOTAL	925.24	7	925.24
EXPENDITURES (Alexa Thorse consider to bind to be a first of the constant of t	1000 3.8			
(Note: These amounts include in-kind expenditures and loan repayments.)		00	12.69450	00
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized				00
	TOTAL	00		00
			4	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	925.24	+	925.24
19. Debts OWED BY the committee (use Schedule D)		00		A STANGE OF THE
20. Debts OWED TO the committee (use Schedule E)		00		
CERTIFICATION		ALUE A		FOR OFFICE USE ONLY
Signature on File				20
				2007

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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly; files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page _	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
None	Other Receipts:  Interest Loan  Misc. (specify)	4		
Contributor's Occupation (if required)				
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)		(%)	
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$	N. A. S. A. A. S. A.	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
None	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
augra-	TAL THIS PAGE OF SCHEDULE A	\$	ASTRAGA SAL	
TOTAL OF ALL PAGES OF SCHED		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
None	Other Receipts:  Interest Loan  Misc. (specify)			
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)		12	
	Other Receipts:  Interest Loan  Misc. (specify)			
SUBTO	TAL THIS PAGE OF SCHEDULE A	\$	NAME OF THE PERSON OF THE PERS	THE DESK
TOTAL OF ALL PAGES OF SCHED	ULE A ON THE LAST PAGE ONLY I ITEM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page _	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
None	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)	i i		
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
SUBTOT	AL THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDU		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of		

p-1				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
None	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$	DATE OF THE PERSON OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITI	EM 15a of the Summary Sheet)			N. C.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B CUMULATIVE	DATE OF
(street, number, city, state, ZIP code)			AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				AS BALL	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER				
	Page	of		

Type of Question: Statewide Local Position: Supported Opposed  RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city, state, ZIP code)  Code Payment of Debt Returned Contribution Other Purpose:  Code Other Returned Contribution Other Purpose:					Page	of			
Enter Text of Public Question:  Type of Question:  Supported Opposed  RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZiP code)  Code None  Code  Operation  RECIPIENT'S OCCUPATION  RECIPIENT'S OCCUPATION  TYPE OF EXPENDITURE  PURPOSE (the specific)  PURPOSE  Code  Operation  Opera		BUBLIC OUESTIC	N INFORMATION						
Position: Supported Opposed  RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city. state. ZIP code)  Code	PUBLIC QUESTION INFORMATION  Enter Text of Public Question								
Position: Supported Opposed  RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city. state. ZIP code)  Code									
Position: Supported Opposed  RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city. state. ZIP code)  Code									
RECIPIENT'S NAME AND MALING ADDRESS (street, number, city, state, ZIP code)  Code    Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Ot	Type of Question: Statewide Local Position: Supported Opposed								
Payment of Debt   Returned Contribution   Direct   In-Kind   Direct   Dir	RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and	AMOUNT THIS	CUMULATIVE				
Returned Contribution   Other   Purpose:	Code		Commence of the Commence of th						
Purpose:	None		Returned Contribution						
Payment of Debt   Returned Contribution   Offiner   Purpose:									
Returned Contribution   Other	Code								
Code   Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:									
Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Code   Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:									
Payment of Debt   Returned Contribution   Other Purpose:			Pulpose.						
Code Returned Contribution   Other Purpose:    Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:	Code								
Code   Purpose:    Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:    Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Payment of Debt   Returned Contribution   Other   Payment of Debt   Returned Contribution   Other									
Code Direct									
Payment of Debt Returned Contribution Other Purpose:  Code Payment of Debt Returned Contribution Other Code Other Code Other Code Other Code Other Code									
Code   Returned Contribution   Other	Code								
Purpose:			Returned Contribution						
Payment of Debt  Returned Contribution  Other									
Payment of Debt  Returned Contribution  Other			Direct District						
	Code								
Code Direct In-Kind	Code		☐ Direct ☐ In-Kind						
Payment of Debt Returned Contribution									
			Other						
Purpose:			Purpose:						
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TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MA	SER'S OR VENDOR'S AlLING ADDRESS (if any) aber, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(Street, number, city, state, 211 code)	(Sarcet, Hall	iber, city, state, 21 code,	NATURE OF DEBT			the second
None						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
					7.	
LENDER'S OCCUPATION						
						**
LENDER'S OCCUPATION:		Verice,				
LENDER'S OCCUPATION:						
				9		
LENDER'S OCCUPATION:						
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LENDER'S OCCUPATION:					E AAUEDIU E E	
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY  (Enter total on ITEM 19 of the Summary Sheet)				\$		
	(Enter total on ITEM 19 of the Summary Sneet)					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK II	NK all information on this schedule. For assistance in
completing this schedule, see instructions on the reverse si	<ul> <li>de. List all debts and loans, regardless of the amount,</li> </ul>
OWED TO the committee during the reporting period. Include	

FILE NUMBER				
Page	of			

BORROWER'S NAME	CO-SIGNER'S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
& MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
None					
	SUBTOTAL THIS PAGE OF SCHEDULE E				\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY  (Enter total on ITEM 20 of the Summary Sheet)				\$	